



**TOB
555**

APPLICATION FOR TOBACCO LICENSE

Each person engaged in the business of selling, distributing, or handling tobacco products in this state is required to file an application with the Department of Revenue on or before May 31 of each year for a license to engage in such business. Any person commencing business subsequent to May 31, shall apply for such license prior to or concurrent with the commencement of business. The license will expire on May 31 of each year.

COMPLETE THIS FORM AND RETURN IT WITH YOUR REMITTANCE. ALL QUESTIONS MUST BE ANSWERED COMPLETELY FOR YOUR REMITTANCE TO BE PROPERLY CREDITED. This license may be revoked upon the failure to pay a tax or taxes, or for the violation of any rule or regulation that the commissioner has authorized (including the sale of illegal cigarettes). For additional information regarding this application you may call Taxpayer and Vehicle Services between 8:00 a.m. and 4:30 p.m. (CT), Monday through Friday, holidays excepted. Please see the back of this notice for our local offices and phone numbers.

| | | | | | | | |
|--|--------|----------|----------|--|--|-----------------------------|----------|
| BUSINESS NAME AND EXACT LOCATION | | | | BUSINESS MAILING ADDRESS | | | |
| NAME (GIVE TRADE NAME AT THIS LOCATION) | | | | STREET OR ROUTE, P.O. BOX # | | | |
| STREET, HIGHWAY, COMMUNITY (DO NOT USE P.O. BOX #) | | | | CITY | | STATE | ZIP CODE |
| CITY | COUNTY | STATE | ZIP CODE | BUSINESS TELEPHONE NUMBER Area Code () | | FAX NUMBER Area Code () | |
| EFFECTIVE DATE | | FEIN/SSN | | BUSINESS E-MAIL ADDRESS | | | |
| CONTACT PERSON | | | | CONTACT E-MAIL ADDRESS | | | |
| PHONE NUMBER Area Code () | | | | FAX NUMBER Area Code () | | | |

Nature of Applicant Business _____ .

Check applicable block: Participating Manufacturer _____ Non-Participating Manufacturer _____ .

Applicant has interest in firm(s) selling retail tobacco products. Yes ☐ No ☐

Applicant has warehousing facilities for tobacco manufacturers. Yes ☐ No ☐

Applicant has wholesale facilities at a permanent location. Yes ☐ No ☐

Applicant will purchase unstamped cigarettes. Yes ☐ No ☐

Applicant will purchase untaxed tobacco products (not cigarettes). Yes ☐ No ☐

Applicant will export and/or sell to tax exempt agencies unstamped cigarettes; requests permission for 30 day supply of _____ packs. Yes ☐ No ☐

Applicant will purchase stamped cigarettes. Yes ☐ No ☐

Applicant is aware of Tennessee's "complementary legislation", T.C.A. Section 67-4-2601 *et seq.* Yes ☐ No ☐

Applicant intends to comply with T.C.A. Section 67-4-2601 *et seq.* Yes ☐ No ☐

Has applicant ever had a distribution license denied, revoked, or enjoined by another state. Yes ☐ No ☐

If yes, please explain _____ .

Date you propose to sell cigarettes or began selling cigarettes is _____ .

Former owner of the business was (if within 3 years) _____ .

Former trade name of business was (if within 3 years) _____ .

- Check Type of Tobacco License:

| | |
|---|---------------------|
| <input type="checkbox"/> A. Distributors or Representatives - \$100.00 | } (1) \$ _____ |
| <input type="checkbox"/> B. Wholesale Dealer - stamped cigarettes only - \$200.00 | |
| <input type="checkbox"/> C. Wholesale Dealer - other tobacco products - \$200.00 | |
| <input type="checkbox"/> D. Manufacturing/Distributor - \$200.00 | |
| <input type="checkbox"/> E. Manufacturer's Warehouse - \$200.00 | |
- Penalty - Any person failing to apply for a license upon entering business will be penalized 50% of the license fee for each month or part of a month the failure continues. **Penalty will not exceed the cost of the license.** (2) \$ _____
- Total Remittance Amount (3) \$ _____

MAKE CHECK PAYABLE TO:
TENNESSEE DEPARTMENT
OF REVENUE

| |
|---|
| <p>FOR OFFICE USE ONLY</p> <p>Acct. Number _____</p> |
|---|

Under penalties of perjury, I declare that the statements in this application are true and correct to the best of my knowledge and belief. This application applies only to the specified business and location listed hereon.

Authorized Signature & Title

For additional information, contact the Taxpayer and Vehicle Services Division in one of our Department of Revenue Offices:

| Chattanooga | Jackson | Johnson City | Knoxville | Memphis | Nashville |
|-----------------------|------------------------------|----------------------|-----------------------|-------------------|-------------------------|
| (423) 634-6266 | (731) 423-5747 | (423) 854-5321 | (865) 594-6100 | (901) 213-1400 | (615) 253-0600 |
| Suite 350 | Suite 340 | 204 High Point Drive | Room 606 | 3150 Appling Road | 3rd Floor |
| State Office Building | Lowell Thomas Building | | State Office Building | Bartlett, TN | Andrew Jackson Building |
| 540 McCallie Avenue | 225 Martin Luther King Blvd. | | 531 Henley Street | | 500 Deaderick Street |

Tennessee residents can also call our statewide toll free number at 1-800-342-1003.

Out-of-state callers must dial (615) 253-0600.

www.tennessee.gov/revenue

ASSISTANCE

For additional information or assistance regarding this application you should contact the Department of Revenue. Tennessee residents may use the toll-free number, 1-800-342-1003. Nashville area and out of state callers may call (615) 253-0600. You may call either of these numbers between 8:00 a.m. and 4:30 p.m. (CT), Monday through Friday, holidays excepted. You may direct any correspondence or submit written information to the following address: Tennessee Department of Revenue, 500 Deaderick Street, Nashville, TN 37242.